



Testimony of Howard Sovronsky, LCSW
Chief Behavioral Health Officer- Connecticut Children's Medical Center
to the Public Health Committee regarding:
Senate Bill 451- An Act Establishing a Working Group to Study the Expansion of Mental Health Resources to Children

March 20, 2022

Senator Abrams, Representative Steinberg, and members of the Public Health Committee, thank you for the opportunity to submit testimony regarding Senate Bill 451 - *An Act Establishing a Working Group to Study the Expansion of Mental Health Resources to Children*.

My name is Howard Sovronsky and I am the Chief Behavioral Health Officer at Connecticut Children's Medical Center. As the state's only independent children's hospital focused exclusively on the needs of children and the state's largest provider of pediatric emergency behavioral health services, we would be pleased to participate in this working group and share our pediatric expertise. You will note that Section 1(b) stipulates that a member of the group include "a representative of a children's hospital in the state, who shall be appointed by the Commissioner of Public Health."

I applaud lawmakers for prioritizing children's behavioral health this legislative session. Although we have certainly seen increased volumes and acuity in our behavioral health patients in recent months, we also recognize that the pediatric behavioral health crisis existed long before the start of the COVID-19 pandemic. We now have a unique opportunity to examine and address the many challenges that contributed to the current system of care which demands change.

Immediate, short-term, and long-term solutions are needed to address this crisis and ensure that families across our state are able to access behavioral health care for their kids when and where they need it. We believe that now is the time to take meaningful system-wide action through renewed investments in our community-based children's behavioral health system, which is the foundation of care for kids and families throughout the State of Connecticut.

We have several recommendations as to what this working group should study.

Workforce Development

There are significant workforce shortages at nearly every professional discipline that makes up the pediatric behavioral health system—from medical assistants to child and adolescent psychiatrists. The state must invest in developing a robust behavioral health workforce pipeline to meet the needs of families across the state. As much as additional beds and programs are necessary to treat the growing pediatric behavioral health crisis, there must be trained professionals to staff these beds and programs.

To that end, we hope this group studies how best to recruit, train, and retain clinicians at all levels of the children's behavioral health system.

Supporting Community-Level Providers

Local, community-level providers have been overburdened and underfunded for many years. As we investigate ways to better integrate care in the school setting and increase families' access to care, that must include supporting community-level resources. State leaders have shown an interest in increasing mental health screening of young people and increasing school social workers to refer students to services. Screening and referrals are only beneficial if there are sufficient resources to meet families' needs. Our system is built on this foundation of community services. This foundation was showing cracks before the pandemic and now after nearly two years of increasing demand requires our immediate attention.

Insurance Parity

As pediatric providers, we recognize that mental health care is part of a child's overall health. The state must support more innovative policies that lead to a comprehensive and integrated behavioral and physical health system. Current insurance practices continue to present significant obstacles to delivering both direct mental health care as well as integrated primary care for patient families.

We hope this working group will focus some of its efforts on insurance parity and reimbursement challenges. Private payers often provide lesser reimbursement rates for behavioral health services, making it challenging for primary care pediatricians to embed behavioral health care in their practices and driving many therapists and other private providers to not take insurance. Commercial payers can also institute certain administrative barriers—like prior authorization and required documentation—that interfere with the access and delivery of effective mental healthcare. We urge this workgroup to examine current rate structures that are far below actual costs of care placing greater financial burdens on providers and the on-going sustainability of organizations and practices.

Leadership and Accountability

The COVID-19 pandemic has taught us a great deal and shown us that many families are just barely keeping their heads above water. As state leaders, you have a tremendous opportunity before you to think boldly and transform the way we support kids and families in Connecticut. Children deserve innovative, focused, and accountable leadership overseeing their holistic needs and driving public policy decisions that support kids and families. We recommend this working group focus on defining metrics and a means to measure how the state is caring for children's behavioral health needs.

Our Continued Partnership

We are thrilled to see legislative leaders prioritizing children's behavioral health needs this legislative session. Ensuring that all kids have access to the services and supports they need is going to take all of our collective leadership and investment to make these interventions impactful and sustainable. We look forward to continuing to work with state leaders on this endeavor.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee, (eboushee@connecticutchildrens.org) Government Relations Associate.

